

INTERSTATE COMPACT FOR JUVENILES

HOME REPORT

HOME EVALUATION REPORT Receiving State: Sending State: DOB: Case # Juvenile's Name: ☐ Placement recommended ☐ Placement not recommended ☐ Currently in placement PROPOSED PLACEMENT INVESTIGATED: Relationship: Name: Address: Work Phone #: Home Phone #: HOME/NEIGHBORHOOD/PEERS (physical description, criminal/gang activity, etc.): FAMILY STATUS (composition, interactions, at-risk family members, attitude, support capabilities, etc.):

FAMILY EMPLOYMENT/FINANCIAL RESOURCES (If proposed placement resource works, who will supervise the juvenile):

LEGAL HISTORY OF FAMILY (current charges, probatio	n or parole status):	
PROPOSED PLAN (school/employment, court-ordered of	conditions, treatment needs):	
OTHER COMMENTS (recommendations, questions, con	cerns):	
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REPORTING INSTRUCTIONS:		
Name:	Agency:	
Address:	Telephone #	
(Investigating worker – printed name)	(Supervisor – printed name)	
(Investigating worker - signature) (Date)	(Supervisor - signature)	(Date)
	(Capaniana)	(= ===)
For ICJ Official use only: □ Placement approved □ Placement denied		
Li lacement approved Li lacement demed	(Date)	
(Compact Official signature)		